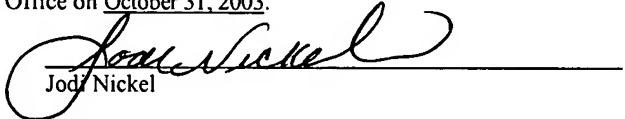


PATENT
Docket No.: P-11610.00US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Martin T. Gerber et al. Group Art Unit: Not assigned yet
Application No.: Not assigned yet Examiner: Not assigned yet
Filed: October 31, 2003 Due Date:
For: Implantable Devices and Methods for Treating Urinary Incontinence

CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on October 31, 2003.



Jodi Nickel

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 C.F.R. § 1.56, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO-1449. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

This Information Disclosure Statement is being filed within three months of the U.S. filing date. No certification or fee is required.

By submitting these references, Applicant does not admit that the references are prior art to or material to this application, and reserves the right to establish that any reference is not prior art. Applicant does not represent that the references have been reviewed in detail; there may be details in the references of which Applicant is unaware.

Attorney Docket No.: P-11610.00.00US
Application No: not assigned yet

Respectfully submitted,

Date: October 31, 2003

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Form 1449* INFORMATION DISCLOSURE STATEMENT IN AN APPLICATION (Use several sheets if necessary)	Docket Number: P-11610.00		Application Number:
	Applicant: Martin T. Gerber, Warren L. Starkebaum and John M. Swoyer		
	Filing Date:	Group Art Unit:	
	Examiner Name:		

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Examiner Initial	Document Number	Issue/Document Publication Date	Name	Filing Date If Appropriate
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Examiner Initial	Document Number	Publication Date	Country	Translation	
				Yes	No

OTHER DOCUMENTS (Including Authors, Title of Item, Page(s), Vol/Issue No., Publisher, Place of Publication)

EXAMINER	Date Considered
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.